

1-3-01

PTO/SB/05 (11-00)

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UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. 42390P10205

First Inventor Jacob Christensen

Title METHOD AND APPARATUS TO MANAGE PACKET

FRAGMENTATION

Express Mail Label No. EL034436055US

JCS 21 U.S.P.T.O.



APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents

1. Fee Transmittal Form (e.g., PTO/SB/17) *(Submit an original and a duplicate for fee processing)*
2. Applicant claims small entity status. See 37 CFR 1.27.
3. Specification *[Total Pages 46]*
 - Descriptive title of the Invention
 - Cross References to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference to sequence listing, a table, or a computer program listing appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings *(if filed)*
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
4. Drawing(s) *(35 U.S.C. 113)* *[Total Sheets 7]*
5. Oath or Declaration *[Total Pages 6]*
 - a. Newly executed (original or copy)
 - b. Copy from a prior application (37 C.F.R. § 1.63(d)) *(for continuation/divisional with Box 18 completed)*
 - i. **DELETION OF INVENTOR(S)**
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b)
6. Application Data Sheet. See 37 CFR 1.76
7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission *(if applicable, all necessary)*
 - a. Computer Readable Form (CRF)
 - b. Specification Sequence Listing on:
 - i. CD-ROM or CD-R (2 copies); or
 - ii. paper
 - c. Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

9. Assignment Papers (cover sheet & document(s))
10. 37 C.F.R. § 3.73(b) Statement Power of Attorney *(when there is an assignee)*
11. English Translation Document *(if applicable)*
12. Information Disclosure Statement (IDS)/PTO-1449 Copies of IDS Citations
13. Preliminary Amendment
14. Return Receipt Postcard (MPEP 503) *(Should be specifically itemized)*
15. Certified Copy of Priority Document(s) *(if foreign priority is claimed)*
16. Request and Certification under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
17. Other:

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:

 Continuation Divisional Continuation-in-part (CIP) of prior application No: _____

Prior application Information: Examiner _____

Group/Art Unit: _____

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

18. CORRESPONDENCE ADDRESS



08791

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Name			
Address			
City	State	Zip Code	
Country	Telephone		Fax

Name (Print/Type)	Donna Jo Coningsby	Registration No. (Attorney/Agent)	41,684
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Signature	Donna Jo Coningsby	Date	12/29/00
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Burden Hour Statement: This form is estimated to take 0 2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U S Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231

FEE TRANSMITTAL for FY 2000

Patent fees are subject to annual revision

TOTAL AMOUNT OF PAYMENT (\$)

1,462.00

Complete if Known

Application Number	
Filing Date	December 29, 2000
First Named Inventor	Jacob Christensen
Examiner Name	
Group/Art Unit	
Attorney Docket No.	42390P10205

METHOD OF PAYMENT (check one)

1. The Commissioner is hereby authorized to credit any overpayments to:Deposit Account Number **02-2666**Deposit Account Name **Blakely, Sokoloff, Taylor & Zafman LLP** Charge Any Additional Fee(s) Required
Under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20. Applicant claims small entity status
See 37 CFR 1.27. Payment Enclosed: Check Credit card Money Order Other

FEE CALCULATION (continued)

3. ADDITIONAL FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee Code	Fee (\$)	Fee (\$)
105	130	205	65 Surcharge - late filing fee or oath
127	50	227	25 Surcharge - late provisional filing fee or cover sheet.
139	130	139	130 Non-English specification
147	2,520	147	2,520 For filing a request for reexamination
112	920*	112	920*Requesting publication of SIR prior to Examiner action
113	1,840*	113	1,840*Requesting publication of SIR after Examiner action
115	110	215	55 Extension for response within first month
116	390	216	195 Extension for response within second month
117	890	217	445 Extension for response within third month
118	1,390	218	695 Extension for response within fourth month
128	1,890	228	945 Extension for response within fifth month
119	310	219	155 Notice of Appeal
120	310	220	155 Filing a brief in support of an appeal
121	270	221	135 Request for oral hearing
138	1,510	138	1,510 Petition to institute a public use proceeding
140	110	240	55 Petition to revive - unavoidable
141	1,240	241	620 Petition to revive - unintentional
142	1,240	242	620 Utility issue fee (or reissue)
143	440	243	220 Design issue fee
144	600	244	300 Plant issue fee
122	130	122	130 Petitions to the Commissioner
123	130	123	130 Petitions related to provisional applications
126	180	126	180 Submission of Information Disclosure Stmt
581	40	581	40 Recording each patent assignment per property (times number of properties)
146	710	246	355 Filing a submission after final rejection (37 CFR § 1.129(a))
149	710	249	355 For each additional invention to be examined (37 CFR § 1.129(b))
179	710	279	355 Request for Continued Examination (RCE)
169	900	169	900 Request for expedited examination of a design application
Other fee (specify) _____			
Other fee (specify) _____			

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Donna Jo Coningsby	Registration No. (Attorney/Agent)	41,684	Telephone	(503) 684-6200
Signature	<i>Donna Jo Coningsby</i>		Date	12/29/00	

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2039.

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